

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-599,185

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		2		1		
9		2		1		
10		2		1		
11		2		1		
12		①		1		
13		① ②		1		
14		①		1		
15	1		1			
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		2		1		
22	1		1			
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		3		1		
32		3		1		
33		3		1		
34	1		1			
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		2		1		
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49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	47	←	35	←		←
TOTAL CLAIMS	51		39			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						